

**MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
ASBESTOS PROJECT NOTIFICATION**

Any person who intends to perform an asbestos abatement project subject to the regulations of the Department of Natural Resources must provide the information requested in this form to comply with the requirements of Chapter 643 RSMo, the Missouri Air Conservation Law. Except as otherwise provided in 10 CSR 10-6.240, this form is to be completed and returned to the department not less than 20 days before the intended starting date of the project. Each building or structure at the work site, including projects conducted outdoors, must be reported on a separate notification. Submit on photocopies of this form.

Any notification specifying work practices in violation of the applicable regulations will be considered invalid, as will notifications that are incomplete or illegible.

Parts A, B, C, D and E must be completed for each notification. Notifications lacking the required information will be returned for completion and the 20 day review period specified in the Air Conservation Law will be recalculated according to the policy of the appropriate agency.

Attach consecutively numbered supplemental pages as necessary to provide the information required in this notification form. Each supplemental page must refer to the part number and item to which it pertains, and must identify the project site and notification date. Failure to provide this identifying information will render a notification incomplete.

Mail completed notification and fee to:

DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)
P.O. Box 176
Jefferson City, Missouri 65102

NOTE: If the asbestos project is under the jurisdiction of the Kansas City Air Quality Section, St. Louis County Air Pollution Control Branch, the Springfield-Greene County Air Pollution Control Authority, or the City of St. Louis Division of Air Pollution Control, send this notification directly to the appropriate agency.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102-0176

ASBESTOS PROJECT NOTIFICATION
(Please type information)

FOR OFFICE USE ONLY

FOR APCP USE ONLY

Check all that apply.

- ☐ Emergency Notification. (Submit justification.)
☐ Greater than or equal to 160 square feet or 260 linear feet of friable asbestos-containing material.
☐ Less than 160 square feet or 260 linear feet of friable asbestos containing material.

DATE RECEIVED

CHECK DATE

CHECK NUMBER

CHECK AMOUNT

NOTE: A non-refundable review fee of \$100 must be submitted for any asbestos abatement project involving 160 or more square feet or 260 or more linear feet of friable asbestos-containing material, and for planned renovation projects as defined in U.S. EPA Regulation 40 CFR 61 Subpart M.

Make checks payable to MISSOURI AIR POLLUTION CONTROL PROGRAM or the appropriate Local Agency.

PART A AUTHORIZATION

1. ASBESTOS ABATEMENT CONTRACTOR NAME

2. CONTRACTOR

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

3. MISSOURI REGISTRATION NUMBER

REGISTRATION EXPIRATION DATE

3a. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS COMPLETED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.

3b. THE ASBESTOS CONTROL MEASURES PRACTICED ON THIS PROJECT WILL COMPLY WITH 10 CSR 10-6.240 AND THE STANDARDS FOR WORKER PROTECTION ESTABLISHED BY OSHA IN 29 CFR 1926.1101 AND 1910.1001.

BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SHALL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL REGULATIONS.

3c. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.

SIGNED

DATE

PRINTED NAME AND TITLE

PART B ADDITIONAL INFORMATION

1. IF AN UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER ORDER OF A STATE OR LOCAL GOVERNMENTAL AGENCY, GIVE NAME, TITLE, AND AUTHORITY OF INDIVIDUAL WHO ORDERED THE DEMOLITION. INCLUDE COPY OF SIGNED ORDER.

NAME

TITLE

AUTHORITY OF INDIVIDUAL

TELEPHONE NUMBER

2. IF A WAIVER OF ANY PORTION OF 10 CSR 10-240 IS REQUESTED, INDICATE THE WAIVER DESIRED AND THE JUSTIFICATION FOR SUCH A WAIVER. IDENTIFY ITEM NUMBER. USE SUPPLEMENTAL SHEET TO DESCRIBE PROPOSED ALTERNATIVE WORK PRACTICE.

WAIVER

JUSTIFICATION

3. NAME AND MISSOURI CERTIFICATE NUMBER OF AIR SAMPLING PROFESSIONAL PERFORMING CLEARANCE AIR MONITORING FOR THIS PROJECT

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

4. NAME AND MISSOURI CERTIFICATE NUMBER OF INSPECTOR AND DATE OF INSPECTION

5. NAME AND MISSOURI CERTIFICATE NUMBER OF MANAGEMENT PLANNER

6. NAME AND MISSOURI CERTIFICATE NUMBER OF PROJECT DESIGNER

PART C PROJECT DESCRIPTION			
1. COUNTY WHERE PROJECT IS TO BE PERFORMED		2. PROJECT NAME	
3. NAME AND MISSOURI CERTIFICATE NUMBER CONTRACTOR'S ON-SITE SUPERVISOR		4. PROJECT SITE TELEPHONE NUMBER	
5. PROJECT SITE ADDRESS (PHYSICAL LOCATION)		CITY	STATE ZIP
6. OWNER NAME		OWNER CONTACT PERSON	TELEPHONE NUMBER
OWNER ADDRESS		CITY	STATE ZIP
7. PROJECT TYPE <div><input type="checkbox"/> DEMOLITION <input type="checkbox"/> RENOVATION <input type="checkbox"/> REPAIR <input type="checkbox"/> OPERATIONS AND MAINTENANCE <input type="checkbox"/> REMOVAL <input type="checkbox"/> DISMANTLING <input type="checkbox"/> ENCLOSURE <input type="checkbox"/> ENCAPSULATION</div>			
8. DESCRIBE PROCEDURE USED FOR THE DETECTION OF REGULATED ASBESTOS-CONTAINING MATERIAL INCLUDING ANALYTICAL METHOD EMPLOYED IF APPROPRIATE			
9. DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATERIALS TO BE DISTURBED. (REPORT ONLY DEBRIS IN CUBIC			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
TOTAL FRIABLE ACM	SQUARE FEET	LINEAR FEET	CUBIC FEET
NOTE ►	If project is NESHAPS size, attach laboratory sample analysis for all friable asbestos materials to be disturbed. Per 10 CSR 10-6.240(4)(A), OSHA Material Safety Data Sheet, OMB #1218-0072, may be substituted if it lists percent asbestos content.		
10. QUANTITY OF MATERIAL THAT WILL BE ABOVE 150°F WHEN DISTURBED. A WAIVER MUST BE REQUESTED AND WORK PRACTICES SUBMITTED FOR WORK OF THIS NATURE.			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
11. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS MATERIALS TO BE DISTURBED			
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
NOTE ►	If chemical mastic removers are to be used to remove floor covering mastics, attach Material Safety Data Sheet for the remover to be used.		
12a. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING, PLANNED DEMOLITION/RENOVATION, AND METHODS TO BE USED. 			

PART C PROJECT DESCRIPTION (CONTINUED)

12b. DESCRIBE WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSION OF ASBESTOS

12c. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECTED RACM IS DISCOVERED

13. APPROXIMATE AGE OF STRUCTURE

14. PRESENT USE OF STRUCTURE

15. FORMER USE OF STRUCTURE IF KNOWN

PART D PROJECT SCHEDULE

No phase of the project may begin during twenty-day notification review period without explicit waiver from the department.

	START DATE	COMPLETE DATE	TIME
1. Site Preparation Phase			
2. Asbestos Abatement Phase			
3. Daily Work Schedule	START TIME	QUIT TIME	LUNCH BREAK

4. DAYS OF WEEK WORK WILL TAKE PLACE

PART E DISPOSAL

1. NAME OF WASTE HAULER IF OTHER THAN ASBESTOS CONTRACTOR

ADDRESS

2. NAME OF DISPOSAL SITE

ADDRESS

PHONE

PART F SUPPLEMENTAL INFORMATION (COPY THIS PAGE IF EXTRA SPACE IS NEEDED)

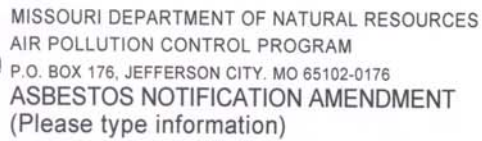
PROJECT SITE

NOTIFICATION DATE

PART NUMBER

ITEM NUMBER

[illegible]



PART A CONTRACTOR INFORMATION					
1. ASBESTOS ABATEMENT CONTRACTOR NAME					
2. CONTRACTOR STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER
3. MISSOURI REGISTRATION NUMBER		REGISTRATION EXPIRATION DATE			CONTACT PERSON
PART B PROJECT INFORMATION					
1. PROJECT SITE NAME					
2. PROJECT SITE ADDRESS		CITY	STATE	ZIP	TELEPHONE NUMBER
3. PROJECT ID NUMBER ASSIGNED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES					
PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)					
PROJECT INFORMATION AS NOTIFIED Example: Start Time: 7:00 a.m.			AMENDED TO Start Time: 7-30 a.m.)		
PART D SUPPLEMENTAL INFORMATION (AS NEEDED)					
PART E AUTHENTICATION					
SIGNATURE OF COMPANY REPRESENTATIVE			TITLE		
PRINTED OR TYPED NAME			DATE		